

Name (Agency Head or Institution President) / Title

3771 Eastwood Drive Jackson, Mississippi 39211 Phone 601-432-8000 Fax 601-713-6380

Emergency Purchase Certification

Emergency ruichase Cerunication				
Project Title: Stimulus (ARRA) Funds? Yes_ No				
Customer Contact Information				
Agency/Institution: Address:		Contact Person: Phone: Fax:		
			Email Address:	
SAAS Codes (only required from state agencies) Provider Code:			Division/Dept:	
Agency Code:			Handmail: Yes No	
Project Summary				
Narrative Description of Project				
•	·			
ITS Acquisition Approval (CP-1) should be effective through this date: (Please allow time for all vendor invoices to be paid)				
Cost Estimates				
Fiscal Year			Initial Costs	Ongoing Costs
Total				
Discuss Funding (e.g. how much of needed funding is definite; total project budget; any matching or other non state funds; fund number)				
Anticipated Lifecycle of Products/System (i.e. estimate years effective use)				
Acquisition Details				
Items Requested:				
NT	0		Demonstrations	Deller Lorden
Name	Quantity		Description	Building Location(s)
Emergency Purchase				
► If applicable, attach a certified copy of the appropriate minutes of the agency's board meeting regarding the emergency purchase				
In compliance with Section 31-7-13 (j) of Mississippi Code, provide the following information as soon as possible following the emergency purchase:				
Does the situation fall under the definition of an emergency set forth in Section 31-7-1 (f) of the Mississippi Code?				
What happened to cause the emergency?				
What would have been the negative consequences of following normal purchasing procedures?				
what would have been the negative consequences of following normal purchasing procedures:				
Basis for selection of vendor(s) used:				
Vendor's proposal attached: Yes No				
Remit To Vendor Name:				
Vendor Name: Vendor Address:				
By my signature, I certify that an extreme emergency existed to such an extent that delay incident to giving opportunity for competitive bidding would have been detrimental to the interest of the state. In addition, I acknowledge that there is a charge for ITS procurement services associated with this request which will be hilled to the requestor by ITS and that my agency/institution is responsible for these charges/costs				

IHL CIO initials

Signature

Date